

Fill in this information to identify the case:

Debtor On Que Food Service Group LLC d/b/a Jakes Wayback Bu

United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK

Case number 1-16-41930-nhl
(if known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1 Priority creditor's name and mailing address

NYC Fire Department

1155 Washington Ave

Bronx NY 10456

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Arrearage

Is the claim subject to offset?

- ☒ No
☐ Yes

\$8,879.00\$0.00**2.2** Priority creditor's name and mailing address

NYS Department of Taxation and Finance

Building 9

W A Harriman Campus # 100

Albany NY 12227

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Taxes

Is the claim subject to offset?

- ☒ No
☐ Yes

\$32,987.00\$0.00

Debtor

On Que Food Service Group LLC d/b/a Jakes Wayback BurgCase number (if known) 1-16-41930-nhl**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.1</div>	Nonpriority creditor's name and mailing address <u>Cole Real Estate Investments</u> <u>2325 E Camelback Rd #1100,</u> <u>Phoenix</u> <u>AZ</u> <u>85016</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$60,000.00</u>
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.2</div>	Nonpriority creditor's name and mailing address <u>Con Edison</u> <u>Cooper Station P.O. Box 138</u> <u>New York</u> <u>NY</u> <u>10276-0138</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Arrearage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,897.60</u>
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.3</div>	Nonpriority creditor's name and mailing address <u>Jakes Franchising, LLC</u> <u>716 S Main St. Cheshire</u> <u>CT</u> <u>06410</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Arrearage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$35,678.00</u>
<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.4</div>	Nonpriority creditor's name and mailing address <u>National Grid</u> <u>1 MetroTech Center</u> <u>Brooklyn</u> <u>NY</u> <u>11201</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Arrearage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,500.00</u>

Debtor On Que Food Service Group LLC d/b/a Jakes Wayback Burg Case number (if known) 1-16-41930-nhl**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$41,866.005b. Total claims from Part 2 5b. + \$288,075.605c. Total of Parts 1 and 2 5c. \$329,941.60
Lines 5a + 5b = 5c.